

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Prenatal Diagnosis Genetic Counselors  
Managed Care Plans

**Memorandum No: 05-61 MAA**  
**Issued:** June 30, 2005

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For Information Call:**  
(800) 562-6188

**Supersedes: 04-49 MAA**

**Subject: Prenatal Diagnosis Genetic Counseling: Fee Schedule Changes**

**Effective for dates of service on and after July 1, 2005**, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2005 relative value units (RVUs); and
- A legislatively appropriated one (1.0) percent vender rate increase.

### **Maximum Allowable Fees**

MAA is updating the Prenatal Diagnosis Genetic Counseling fee schedule with Year 2005 RVUs and clinical laboratory fees. The 2005 Washington State Legislature appropriated a vendor rate increase of one (1.0) percent for the 2006 state fiscal year. The maximum allowable fees have been adjusted to reflect these changes.

### **Diagnosis Reminder**

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4<sup>th</sup> or 5<sup>th</sup> digits when applicable) or the entire claim will be denied.

### **Billing Instructions Replacement Pages**

Attached are updated replacement pages 13-16 for MAA's current *Prenatal Diagnosis Genetic Counseling Billing Instructions*.

Bill MAA your usual and customary charge.

## MAA's Provider Issuances

To view and download MAA's numbered memoranda and billing instructions electronically, visit MAA's website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov> (Orders filled daily.)
  - a) Click *General Store*.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either *I'm New* or *Been Here*.
    - ii. If new, fill out the registration and click *Register*.
    - iii. If returning, type your email and password and then click *Login*.
  - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
  - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and the select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

- ✓ To an official of a penal or other custodial institution in which the patient is detained;
- ✓ To provide directory information, unless the patient has instructed the health care provider not to make the disclosure;
- ✓ In the case of a hospital or health care provider to provide, in cases reported by fire, police, sheriff, or other public authority, name, residence, sex, age, occupation, condition, diagnosis, or extent and location of injuries as determined by a physician, and whether the patient was conscious when admitted.
- A health care provider [must] disclose health care information about a patient without the patient's authorization if the disclosure is:
  - ✓ To federal, state, or local public health authorities, to the extent the health care provider is required by law to report health care information; when needed to determine compliance with state or federal licensure, certification or registration rules or laws; or when needed to protect the public health;
  - ✓ To federal, state, or local law enforcement authorities to the extent the health care provider is required by law;
  - ✓ To county coroners and medical examiners for the investigations of deaths;
  - ✓ Pursuant to compulsory process in accordance with RCW [70.02.060](#).

## Notifying Clients of Their Right to Make Their Own Health Care Decisions

All Medicare-Medicaid certified hospitals, nursing facilities, home health agencies, personal care service agencies, hospices, and managed health care organizations are federally mandated to give all adult clients written information about their rights, under state law, to make their own health care decisions.

Clients have the right to:

- Accept or refuse medical treatment;
- Make decisions concerning their own medical care; and
- Formulate an advance directive, such as a living will or durable power of attorney, for their health care.

# Fee Schedule

**Due to its licensing agreement with the American Medical Association, MAA publishes only the official, brief CPT™ procedure code descriptions. To view the full descriptions, refer to your current CPT book.**

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS	FS
Initial Office Visits			
99201	Office/outpatient visit, new	24.08	15.64
99202	Office/outpatient visit, new	42.94	30.78
99203	Office/outpatient visit, new	63.79	47.41
99204	Office/outpatient visit, new	90.10	70.24
99205	Office/outpatient visit, new	113.92	93.32
Initial Office Consultations			
99241	Office consultation	30.20	20.67
99242	Office consultation	55.19	41.79
99243	Office consultation	73.81	56.09
99244	Office consultation	103.78	82.89
99245	Office consultation	134.22	110.37
Initial Inpatient Consultations			
99251	Initial inpatient consult	21.57	21.57
99252	Initial inpatient consult	43.38	43.38
99253	Initial inpatient consult	59.27	59.27
99254	Initial inpatient consult	85.16	85.16
99255	Initial inpatient consult	117.41	117.41
Confirmatory Consultations			
99271	Confirmatory consultation	23.62	14.53
99272	Confirmatory consultation	39.52	27.48
99273	Confirmatory consultation	54.50	39.29
99274	Confirmatory consultation	73.35	56.32
99275	Confirmatory consultation	93.34	74.72

NFS = Non-facility Setting; FS = Facility Setting

**Continued on next page...**

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## Prenatal Diagnosis Genetic Counseling

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS	FS
Follow-Up Office Visits or Consultations			
99211	Office/outpatient visit, est	14.40	5.96
99212	Office/outpatient visit, est	25.56	15.88
99213	Office/outpatient visit, est	34.75	23.33
99214	Office/outpatient visit, est	54.36	38.72
99215	Office/outpatient visit, est	78.93	62.05
Follow-Up Inpatient Consultations			
99261	Follow-up inpatient consult	13.40	13.40
99262	Follow-up inpatient consult	27.25	27.25
99263	Follow-up inpatient consult	40.42	40.42

NFS = Non-facility Setting; FS = Facility Setting



**Note:** MAA covers **one initial office visit or consultation** and **two follow-up office visits or follow-up consultations** per client, per pregnancy regardless of the provider or the place of service.

CPT codes and descriptions are copyright 2004 American Medical Association.

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